

**REQUEST FOR STATE MILES DRIVEN
GOVERNOR'S EMPLOYEE SAFETY AWARDS (GESA)
DEPARTMENTAL AWARD – REDUCING VEHICLE ACCIDENT RATES**

Print Or Type

For The Year Of:

2006

Department

Contact Name

Address

Title

City

Zip Code

Phone No.

Email Address

()

MILES DRIVEN:

- | | |
|-----------------------------------|----------|
| a. State-owned vehicles..... | a. _____ |
| b. Privately-owned vehicles | b. _____ |
| c. Rental vehicles..... | c. _____ |
| d. Total (a + b + c)..... | d. _____ |

OBJECTIVES

1. To collect data on state driver accident experiences for use in measuring the overall effectiveness of the State Driver Accident Prevention Program.
2. To use data as the basis of awards and recognition activities.

AGENCY RESPONSIBILITY

Agencies shall:

Compile and submit the Request for State Miles Driven to the Office of Risk & Insurance Management
This annual report must be submitted by February for the preceding calendar year.
(S.A.M 2580.2)

DUE DATE

This request must be submitted by **February 28, 2007**, for the preceding calendar year.

Many agencies have found the easiest way to complete the report on time is by keeping a monthly tally sheet of the data requested on the form.

Keep one copy and return the original to:

ISABEL M. CORTEZ
Department of General Services
Office of Risk and Insurance Management
707 Third Street, First Floor
West Sacramento, CA 95605

Telephone: (916) 376-5308
Email: isabel.cortez@dgs.ca.gov